

Minutes  
Catawba County Board of Commissioners  
Regular Session, Monday, March 17, 2003, 7:00 p.m.

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The Catawba County Board of Commissioners met in regular session on Monday, March 17, 2003, 7:00 p.m., at the 1924 Courthouse, Robert E. Hibbitts Meeting Room, 30 North College Avenue, Newton, North Carolina.

Present were Chair Katherine W. Barnes, Vice Chairman Dan A. Hunsucker, Commissioners Glenn E. Barger, Barbara G. Beatty, and Lynn M. Lail.

Absent: None.

A quorum was present.

Also present were County Manager/Deputy Clerk J. Thomas Lundy, Deputy County Manager Steven D. Wyatt, Assistant County Manager Mick W. Berry, County Attorney Robert Oren Eades, Staff Attorney Debra Bechtel, and County Clerk Thelda B. Rhoney.

1. Chair Barnes called the meeting to order at 7:00 p.m.
2. Invocation offered by Reverend Jeff Clark, First Baptist Church, Maiden, NC.

Chair Barnes led in the Pledge of Allegiance to the Flag.

3. Commissioner Hunsucker made a motion to approve the minutes from the regular session and closed session of Monday, February 17, 2003. The motion carried unanimously.
4. Special Guests and Public Comment:
  - a. Special Guests:

Chair Barnes recognized Judge Nathan Poovey; Jerry McCombs, President of the NAACP, Catawba County Chapter; Betty Blackburn and Sherry Butler, Catawba County Board of Education members; and Gloria Hemphill, Hickory Public Schools Board of Education member.

- b. Public Comment:

1. Reverend Jeff Clark presented concerns from the Catawba County Citizens for Equal Education about school facility needs at Maiden High School. There was standing room only in the Robert E. Hibbitts meeting room in support of the need for school facilities.

Chair Barnes reviewed budget restraints and said the Board is looking at ways to move forward with school construction.

Commissioner Barger said the needs of the Maiden community were previously addressed by the Catawba County Board of Education and the land for a new facility has already been secured. He said the Board of Commissioners continue to discuss funding issues to try find an alternative plan to move forward with a construction plan of the three school systems in Catawba County as well as the Community College. It is important for all students in Catawba County to have an equal educational opportunity and proper facilities. The Commissioners are trying to come up with a plan and then work towards accomplishing the plan. He said it will take a joint team effort which will include citizens. He thanked the citizens for their interest in schools.

2. Ms. Joan Bird, 491-B 26th Avenue NE, Hickory addressed the Board about a problem she was having with a neighbor who has roosters and chickens located 20 feet from Ms. Bird's house. She realized she lived in an agriculture/residential area. Her home is for sale but no one will buy it because of the roosters.

Chair Barnes asked staff to review the ordinances to see if there is anything the county can do and she directed staff to get back with Ms. Bird.

3. Ms. Martha Glenn, representing Catawba County 4H Leaders Association, addressed the board about safety concerns with the Juvenile Court Counseling office moving into the Agricultural Resource Center (ARC). The Juvenile Court Counseling will be in the same

building with 12 other organizations such as youth educational programs that are held at the ARC, Beekeepers Association, Cattlemen's Association, Extension Community Association, etc., as well as 4-H. She asked if there were any alternatives.

Sheriff Huffman said he did not believe there was a safety issue and it would always be a controlled environment. He offered to tour the facility with individual Commissioners and 4-H representatives.

After a brief discussion, it was the consensus of the Board of Commissioners that it is a perception issue and the Board requested that staff monitor the situation, and if problems arise the Board could look at other options.

5. Appointments:

**Community Service Block Grant Advisory Board**

Commissioner Barger recommended the appointment of himself to the Community Service Block Grant Advisory Board replacing Commissioner Beatty. Commissioner Barger's term is commensurate with his term on the Social Services Board.

**Board of Equalization and Review**

Commissioner Lail recommended the appointment of Charles Preston (Republican) to fill the unexpired term of Kay Schmucker (who resigned) on the Board of Equalization and Review. The term will expire December 5, 2005.

**Mental Health Board**

Commissioner Beatty recommended the following appointments/reappointments/reassignments to the Mental Health Board:

The Mental Health Board membership will increase by two members, from 15 to 17 members.

Commissioner Beatty recommended the following *appointments*:

Dr. Ray Von Beatty, Sherrills Ford, ML (Member at large) category

John P. Dayberry, 5636 Sandhurst Rd, Hickory, ODC-R (Openly declared consumer in recovery from addiction) category

Crystal Leathers, 4612 - 9th St, NE, Hickory, CON-MI (Family member or an individual from citizens' organization composed primarily of consumers or their family members representing the interests of individuals with mental illness) category

Charles W. Phillips, 2083 - 22nd Ave NE, Hickory, ODC-DD (Family member or an individual from citizens' organization composed primarily of consumers or their family members representing the interests of individuals with developmental disabilities) category

Commissioner Beatty recommended the following *reappointments*:

David Isenhower - ML (Member at large) category

Lora Holman - ODCMI (Openly declared consumer with mental illness) category

Harold Setzer - ML (Member at large) category

All terms for appointments and reappointments to the Mental Health Board are for four years and expire June 30, 2007.

Commissioner Beatty recommended the *reassignment* of categories for 8 of the remaining 10 members:

Susan C. Anderson - CON-R (Family member or an individual from citizens' organization composed primarily of consumers or their family members representing the interests of individuals with recovery from addiction) category

David J. Boone - M (Individual with expertise in management or business) category

John Fred Bryson - CPROF (A clinical professional from the fields of mental health, developmental

disabilities, or substance abuse) category

Karen Lane - CON-DD (Family member or an individual from citizens' organization composed primarily of consumers or their family members representing the interests of individuals with developmental disabilities) category

Dr. Thomas K. McKean - P (Physician) category

Martha Palmer - CHILD (Individual representing the interests of children) category

Stephen C. Sayers - FIN (Individual with financial expertise or county finance officer) category

Dr. Robert A. Yapundich - P (Physician) category

### **Juvenile Crime Prevention Council**

Commissioner Hunsucker recommended the following appointments to the Juvenile Crime Prevention Council:

Captain Steve Wright of the Hickory Police Department to fill unexpired term Tom Adkins, Chief of Police or designee. Term expires June 30, 2004.

District Attorney James C. Gaither to fill the District Attorney or designee position (replacing Scott Cranford). Term expires June 30, 2004.

Judge Sherri Wilson Elliott to replace Jonathan Jones, Chief District Court Judge or designee position. Term expires June 30, 2005.

Kristen Hull of the Office of Juvenile Justice to fill unexpired County Commissioner Appointee position vacated by Meri Ruth Alexander (resigned). Term expires June 30, 2004.

Amanda Hunsucker to fill one of the vacant "Persons Under Age 18" positions. Term expires June 30, 2005.

Commissioner Beatty made a motion to approve the aforementioned appointments. The motion carried unanimously.

### 6. Consent agenda:

County Manager J. Thomas Lundy presented the following Consent Agenda items:

#### a. 2002 CommScope Economic Development Incentive Payment.

The County entered into a Joint Economic Development Agreement with CommScope in June 2000 wherein CommScope would increase the value of its investment in Catawba County by at least \$135,000,000 by the purchase and/or expansion of three industrial facilities in Catawba County. In return, Catawba County agreed to economic development incentives for each of the five calendar years following the payment of ad valorem taxes each year. CommScope's new investment to date has totaled \$107,563,504, or 79.7% of their total intended investment. This amount, prior to depreciation, will generate \$532,439 in new tax revenue to Catawba County each fiscal year, based on the current property tax rate.

The County did not receive a request in time for payment of the incentives that were budgeted to be paid in Fiscal Year 2001/02; therefore the \$197,079 appropriated fell to the General Fund balance on June 30, 2002. In October 2002 CommScope made its request for the incentive payment of the prior year in the amount of \$181,792.96. The payment was made from the \$250,000 appropriated and intended for payment in the current fiscal year, leaving a balance in the line item of \$68,207.04.

CommScope has now submitted a request for the incentive currently payable in the amount of \$202,203.30. There are two other incentive line items yielding a balance of \$50,068.25 which can be transferred to the CommScope line item, leaving a current shortfall of \$83,928.01.

The Finance and Personnel Subcommittee recommended that the Board of Commissioners appropriated funds in the amount of \$83,930 from the General Fund Balance to provide funds needed to cover the 2002 CommScope incentive payment.

Supplemental Appropriation		
110-190050-690100	General Fund Fund Balance	\$83,930
110-420050-868176	EDC – CommScope	\$83,930

b. Mental Health Budget Revision.

The Policy and Public Works Subcommittee recommended that the Board of Commissioners approve a revision to increase the current Mental Health budget by \$966,381 bringing it to \$15,636,193.

STATE FUNDS	\$296,801
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Community Capacity funding - new funding from DMH/DD/SAS for community services to persons affected by the closing of State hospital units; ACT Team services [\$26,015] and contracted geriatric care through Adult Life Programs [\$37,325]	\$ 63,340
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Substance Abuse revenue - new revenue from the State for purchasing detoxification services through contract agreements with other providers	\$102,660
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MRMI Division dollars – recurring dollars for diversion services through Frye Regional Medical Center to prevent unnecessary institutionalization for dually diagnosed individuals eligible for MRMI funding	\$130,801
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GRANTS	\$115,595
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Juvenile Justice Delinquency Prevention [ JJDP ] grant funding for services to youthful offenders involved with the court system	\$ 11,297
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Administrative Office of the Courts [ AOC ] grant funding for drug treatment services to individuals involved with the court system	\$ 20,000
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Criminal Justice Partnership Program [ CJPP ] grant funding for outpatient services to individuals involved with the court system	\$ 84,298
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MEDICAID	\$553,985
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Psychosocial Rehabilitation [PSR] and Client Behavioral Services [CBS]to SPMI consumers (through contracts with Adult Life Programs [PSR and CBS] and CBS from CNC and RHA)	\$110,000
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Residential and CBS Services to CTSP eligible children through contracts with multiple contracted providers; outpatient services to Medicaid eligible children	\$280,000
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CBS services for individuals with Developmental Disabilities (through various private providers)	\$190,000
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Medicaid is reduced in the ACT Team budget (result of Community Capacity revenue that funds non-Medicaid individuals affected by closing of	(\$26,015)
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State hospital units)

This revision adds no new positions and requests no additional County funding.

Account Number		Supplemental Appropriations Account Number	
110 530101		110 530101	
857900 Contract Svcs	104,298	xxxxxx AOC Grant	20,000
		xxxxxx CJPP Grant	<u>84,298</u>
			104,298
110 531001		110 531001	
868124 Adult Life Programs	37,325	635000 AMH-State	37,325
915570 Medicaid Services	<u>110,000</u>	672151 Contract Medicaid	<u>110,000</u>
	147,325		147,325
		110 531023	
		635000 AMH-State	26,015
		672102 Medicaid	<u>-26,015</u>
			0
110 532001		110 532001	
915520 SA Contract Svcs	102,660	635400 ASA-State	102,660
915950 CTSP Contract Svcs	<u>280,000</u>	672151 Contract Medicaid	<u>280,000</u>
	382,660		382,660
110 532001		110 532001	
831005 Office Supplies	997	633102 JJDP Grant	11,297
841010 Travel/Transportatn	6,000		
841030 Printing/Binding	<u>4,300</u>		
	11,297		
110 533001		110 533001	
911350 MRMI Contracts	130,801	633209 MRMI	130,801
915570 Medicaid Services	<u>190,000</u>	672151 Contract Medicaid	<u>190,000</u>
	320,801		320,801

c. Emergency Medical Services Wellness Grant.

The Board of Commissioners at its October 7, 2002, meeting accepted an Emergency Medical Services Pilot Program Grant in the amount of \$10,000 from the North Carolina Association of County Commissioners to implement a wellness and physical conditioning program for the paramedics.

A part of the grant was to reimburse the paramedics who volunteer to participate in a wellness program one-half of the monthly individual membership to the Catawba Valley Medical Center Fitness Center. The cost of one-half of the membership in October 2002 was \$10 and effective January 1, 2003, the cost of one-half of the membership increased to \$12.50 per month. The program officially began January 1, 2003, and paramedics will be reimbursed from that date for memberships at the CVMC facility.

Several paramedics participating in the wellness program requested that they be reimbursed \$12.50 per month for memberships at other facilities.

Staff contacted Phil Pfeiffer, Marketing Director with the NC Association of County Commissioners, to find out if the grant could include membership at other facilities and Mr. Pfeiffer agreed other public facilities could be used.

d. Refund Requests.

Six refund requests totaling \$245,666.08 were made to the Tax Office. The records were checked and refunds verified. According to General Statute 105-381, a Taxpayer who paid taxes may request a refund (in writing) for the amount that was paid through error.

Refund Requests – March, 2003

Abernethy Heating & Air Conditioning Service, 325 Meadowridge Drive, Maiden NC 28650-9531  
Account No. 166876

A discovery of business personal property listing for years 2002, 2001, and 2000 was prepared in the name of Abernethy Heating and Air Conditioning Service LLC because taxes were not found listed in that name. A 2002 discovery tax bill was prepared and was paid. The owner, Tommy Abernethy had correctly filed the property taxes in the name of Tommy Abernethy Heating and Air Conditioning Service, Inc., and these taxes were paid as well. A refund is requested for the incorrect payment of taxes.

<u>Year</u>	<u>County Tax</u>	<u>Late-List Penalty</u>	<u>Total</u>
2002 multi-year bill	103.01	18.41	\$ 121.42 *

\* This is in the Town of Maiden.

Alcatel NA Cable Systems, Attn: Rusty Mincey, Post Office Box 39, Claremont NC 28610

Alcatel Fiber Optic Plant (Acct. # 884115) and Alcatel Cable Plant (Acct. #884110), both in Claremont, are requesting a refund of \$244,633.07 for taxes paid for the 2002 tax year. Alcatel met the statutory requirement to appeal to the tax office prior to the end of calendar year 2002. This refund is for machinery and equipment Alcatel claims was idle on January 1, 2002, the date that statutorily all machinery and equipment is to be listed for taxation.

<u>Year</u>	<u>Value</u>	<u>Rate</u>	<u>Tax</u>	<u>Total</u>
2002	10,154,541	.495	50,264.98	\$ 50,264.98*
2002	39,266,280	.495	194,368.09	<u>\$194,368.09</u>
Total County Refund				<u>\$244,633.07*</u>

\* This is in the City of Claremont.

Harrington, Larry James, 5790 N NC Hwy 16, Claremont NC 28610  
Account No. 26168450

Mr. Harrington was billed for not listing a 1984 Lowe 14 ft boat in 2001 and 2002. He had listed his boat as a "1987" in error. This was, in fact, the same 1984 boat thought to be unlisted. Mr. Harrington paid both the discovery tax bill and his regular tax bill. He has now realized what happened and has requested a refund for his overpayment of taxes.

<u>Year</u>	<u>Value</u>	<u>County Rate</u>	<u>County Tax</u>	<u>Late-List Penalty</u>	<u>Oxford Fire Rate</u>	<u>Oxford Fire Tax</u>	<u>Late-List Penalty</u>	<u>Total</u>
2002	01,533	.495	7.59	---	.060	.92	---	8.51
2001 multi-yr bill		---	20.06	7.67	---	2.23	.83	<u>30.79</u>
Total Refund								<u>\$39.30</u>

The Hickory Printing Group Inc., PO Box 69, Hickory NC 28603-0069  
Account No. 30063010

In 2002 the Assistant Controller incorrectly listed the "leased" equipment as "owned" equipment. This error was discovered when the 2003 business personal property listing was filed. A refund was requested for the overpayment of taxes that resulted from this error.

<u>Year</u>	<u>Value</u>	<u>County Rate</u>	<u>County Tax</u>	<u>Total</u>
2002	161,537	.495	799.61	\$799.61 *

\* This is in the City of Conover.



Mollohan, Annalee D., 4260 Candlewood Drive, Sherrills Ford NC 28673-9399  
Account No. 169464

Last year Ms. Mollohan was incorrectly double-billed as owning two 1995 Seadoo Jet-skis. The taxes were paid. This error was discovered, and a refund was requested for the double-payment of 2002 taxes.

<u>Year</u>	<u>Value</u>	<u>Rate</u>	County <u>Tax</u>	Late-List <u>Penalty</u>	Sherrills Fd Fire <u>Rate</u>	<u>Tax</u>	Late-List <u>Penalty</u>	<u>Total</u>
2002	2,330	.495	11.53	1.15	.040	.93	.09	\$ 13.70

Lail, Darrin Wray, 3970 Benny Shrum Lane, Maiden NC 28650-8494  
Account No. 39504520

Mr. Lail paid 2000 and 2001 taxes to Catawba County for a mobile home sold in 1999 to Scott Andrew White. This sale was verified. A refund is requested for payment of taxes on this mobile home.

<u>Year</u>	<u>Value</u>	<u>Rate</u>	County <u>Tax</u>	Late-List <u>Penalty</u>	Claremont Rural <u>Rate</u>	<u>Tax</u>	Late-List <u>Penalty</u>	<u>Total</u>
2001	4,580	.495	22.67	2.27	.070	3.21	.32	28.47
2000	4,910	.495	24.30	2.43	.070	3.44	.34	<u>30.51</u>
Total Refund								\$ 58.98

- e. Resolution postponing the March 21, 2003, Board Planning Retreat with new date, time and location TBA.

**RESOLUTION NO. 2003-04**  
**Postponing Spring Board Retreat**

WHEREAS, on October 21, 2002, the Catawba County Board of Commissioners approved its meeting calendar for 2003; and

WHEREAS, the Board's Spring Retreat was scheduled for Friday, March 21, 2003, 8:30 a.m., location TBA.

NOW, THEREFORE, BE IT RESOLVED that the Catawba County Board of Commissioners wishes to postpone the March 21 retreat, with a new time, date and location TBA.

This the 17<sup>th</sup> day of March, 2003.

/s/ Katherine W. Barnes, Chair  
County Board of Catawba Commissioners

- f. Ordinance amending Section 15.16 of the Catawba County Code.

The Board of Commissioners holds Subcommittee meetings one week prior to its regularly scheduled Board meetings. There are three subcommittees: 1) Policy and Goals; 2) Finance and Personnel; and 3) Public Works. The Board at its Organizational Meeting on December 2, 2002, combined the Policy and Goals Subcommittee and the Public Works Subcommittee into the Policy and Public Works Subcommittee. Section 15.16 Subcommittees Established of the Catawba County Code needs to be amended to reflect the change.

**Ordinance No. 2003-03**

BE IT ORDAINED, by the Catawba County Board of Commissioners that Section 15.16 of the Catawba County Code is hereby amended to read as follows:

§ 15.16 SUBCOMMITTEES ESTABLISHED.

- (A) Subcommittees of the Board of Commissioners are hereby established to deal with matters in ~~three~~ two specified areas:

(1) ~~Policy and goals;~~

(21) Finance and personnel;

(32) Policy and public works.

This 17th day of March, 2003.

Commissioner Barger made a motion to approve the Consent Agenda. The motion carried unanimously.

### End Consent Agenda

#### 7. Departmental Reports:

##### a. Social Services Department:

##### 1. Request Work First "Electing" Status Change.

Social Services Director Bobby K. Boyd said in 1996, Congress changed the national welfare program from Aid to Families with Dependent Children (AFDC) to Temporary Assistance for Needy Families (TANF). The new federal legislation allowed states greater flexibility in creating their own welfare programs. This federal devolution of authority enabled the North Carolina General Assembly to develop a policy that allowed counties to compete for "electing" county status—essentially offering a limited number of counties the opportunity to have greater control over local welfare policies, as well as greater control over available funding.

In January 1998, Catawba County submitted its first Electing County Plan for Fiscal Year 1999-2000. The plan was reviewed by ten state reviewers and rated as the top plan submitted in the state, however, due to the General Assembly selecting counties by drawing names from a hat, Catawba County was not given the opportunity of being an electing county. Catawba County, as well as the other non-electing counties, assumed the designation of "standard" counties.

In December 2000, Catawba County submitted its second Work First Plan (for Fiscal Year 2001-2003). Initially, Catawba County requested Electing County status. Electing counties receive a grant from the state for public assistance payments, whereas in standard counties customers are paid from the state level. If public assistance roles increase, an electing county has the responsibility of paying the public assistance cost (over and above the state allocation) from local dollars. At that time the state would not inform the counties what to expect as a public assistance allocation and as the economy weakened, Catawba County decided the financial risk was too great and withdrew its request to be an "electing" county.

During the latter part of calendar year 2002, Catawba County developed another Work First Plan. This one for biennial 2003-2005. The plan was submitted from Catawba County. Also in August 2002, Catawba County notified the State Division of Social Services of our desire to be considered for "electing" county status.

Catawba County's request to be an electing county was based on the potential financial advantages and with the understanding that the option was available to change that designation by April 1, 2003. The prior year's electing status allowed for greater flexibility in establishing eligibility, policies, etc., however through the years of TANF the state has gradually adapted the state plan to mirror the policies recommended by counties vying for electing status.

After careful and deliberate consideration, Social Services requested that the Board of County Commissioners change the requested designation from "electing" to "standard." Some of the reasons for requesting Catawba County withdraw the "electing" county request are:

- The cash assistance allocation is based on 2002-2003 allocation of \$1,756,206, rather than the beginning of the program of 1995-96 allocation levels of \$3,762,371. The numbers of cases receiving assistance is significantly lower in 2002-2003 than in 1996. In fact, it has reduced from approximately 1,200 to 400 families.
- Catawba County's economy has not recovered.
- Some citizen's unemployment benefits probably will expire prior to FY 2003-04.
- Work First cash assistance could well increase rapidly during the economic slowdown.

- If Work First cash assistance increases and Catawba County is an "electing" county we have financial liabilities for cost beyond the allocation. If Catawba County is a "standard" county, the state is responsible for the cost.
- In a "perfect world" with no cash assistance increases and no state cuts the best Catawba County could hope for, as an "electing" county, is approximately a \$175,000 gain.
- There is no carry forward provision of any savings based on action by the General Assembly.
- It would take only 62 additional families added to the current caseload to use all the financial gain based on a family of two receiving \$236 monthly.
- The state "standard" plan now includes all the policies Catawba County's first plan included, and we have the needed flexibility under "standard".
- The "risks" outweigh the "possible gains".

Mr. Boyd said the Policy and Public Works Subcommittee recommended that the Board of Commissioners withdraw the request to the State of North Carolina to be a Work First "Electing" County and stay a "Standard" County.

Commissioner Barger made a motion to withdraw the request to the State to be a Work First Electing County and remain a Standard County. The motion carried unanimously.

b. Mental Health Department:

1. Mental Health - Life Skills Facility.

Mental Health Director John M. Hardy introduced Mr. Ernest Williams, Catawba County Schools who will be the Project Director. He also introduced Mr. Wesley Curtis, from the firm of Walter Robbs Callahan & Pierce. Mr. Hardy reviewed the drawing and said in December 2002 the Board of Commissioners approved the transfer of funds from a previous capital project, the Alcohol and Drug Treatment Center, to a new Life Skills building, as well as a basic building concept for this new project. Walter Robbs Callahan & Pierce was approved as the architectural firm to develop the schematic design. Staff was asked to develop the concept further, produce cost estimates and a time schedule.

The new Life Skills building would provide a uniquely designed space to provide a day activity program for adults with significant developmental disabilities, who are a high priority target population. The building design incorporates special features to meet the needs of eventually 55 people with 25 percent being non-ambulatory, requiring wheelchairs, and 35 percent are nonverbal, but expressive. About 60-70 percent require assistance with personal care. All adults in the program will require a high level of supervision and special consideration.

The recipient consumers of this day activity service are persons who have almost no other community-based options for them. Most live in either their home or a group home environment. A day activity program is essential to allow families to work and to provide a wider range of activities for the individual. Other options would be institutional care, which would be more restrictive and less beneficial. This building offers a long-term community commitment to these developmentally disabled adults and assures that an adequate space to meet their needs is available.

The building concept has been translated into scale drawings with elevations and site plan. The scale drawings represent an estimated 15,253 square feet of building at an approximate cost of \$100 per square foot. Costs of the building project is estimated at \$1,680,400, which includes construction costs of \$1,525,300, architect fees of \$120,100, and \$35,000 for soil tests, survey fees, printing, and other soft expenses.

Funding for the project comes from \$500,000 approved by the County, \$550,000 saved in the Mental Health Fund and \$60,593 in associated interest, \$100,000 in acquired grants, and \$275,000 of Mental Health Fund Balance capital reserve. Mental Health will be responsible for the balance of the project. It is anticipated that other grants and Mental Health Fund Balance capital reserve will be found prior to the start of the project. If no additional funds are secured for this project, the balance would be financed using 160A-20 financing, the lease purchase of real property. Mental Health will have freed up \$79,100 from rental payments,

and these funds could be used for debt service payments. Debt service for the remainder would be less than this lease.

An additional \$225,000 is estimated for the expansion of parking behind the existing Public Health building. Funding for the future parking is outside the scope of this project and would be funded from the General Capital Projects Fund, Available Fund Balance.

The project schedule anticipates: plans out for bid 6/17/03; bids due 7/24/03; final BOC approval and awarding of contract 8/18/03; building complete 6/1/04; and building occupied 7/1/04.

Mr. Hardy said the Policy and Public Works Subcommittee recommended that the Board of Commissioners approve the basic scale drawings, cost estimates, and project schedule for the new Life Skills building.

After a brief discussion, Commissioner Beatty made a motion to approve the basic scale drawings, cost estimates, and project schedule for the new Life Skills building. The motion carried unanimously.

2. Local Business Plan for Mental Health Reform.

Mental Health Director John M. Hardy said under NCGS 122-C, MHSCC has been responsible for developing a Local Business plan reflecting the State Plan 2002 requirements of Mental Health Reform. Areas of strategic planning focus on:

- The change from provider of MH/DD/SA services to manager of those services
- The development of service providers in the community to address the needs of target populations (those individuals with the highest level of symptoms and lowest level of functioning, eligible for state publicly-funded services)
- The development of a process assuring consumer involvement and oversight in these community service transitions

The first five sections of the Local Business Plan were submitted as required on January 2, 2003. The full plan, consisting of five additional sections to those already submitted, is due to the Division on April 1, 2003. Quarterly updates are required until initial certification is granted for Phase III implementation (to begin July, 2004). The Local Business Plan has been reviewed and approved by the Consumer and Family Advisory Committee and the Area Board. Maintaining single-county status and moving to Phase III are addressed in the attached position statement and resolution. These decisions were based on consideration of information at hand and, particularly, the lack of necessary information from the State regarding funding models and equitable distribution of county funds.

The Policy and Public Works Subcommittee recommended that the Board of Commissioners endorse the Local Business Plan and Phase III implementation.

**Position Statement on Demographic Configuration of Proposed Local Managing Entity**

The current proposal for Catawba County envisions this Local Managing Entity (LME) covering only this county of 149,750 people. That conclusion comes from having had discussions with the most obvious area programs where there might be some geographic logic to merge. At this point in time, all parties do not see any advantage to merging. Crossroads and Foothills area programs are independently pursuing LME status. There is a sizable variance in direct financial and indirect support participation between all of the counties in question, and Catawba County's contributions have the potential to be diluted because of the lesser levels of participation from neighbors. These factors are reinforced by the fact that the current configuration of counties into area programs already ignores some of the natural geopolitical and economic patterns that take place across county lines.

The ideal configuration would cross into two existing area programs and create a completely different arrangement of counties that would more accurately reflect current and future geopolitical interplays. Those counties would be Iredell, Catawba, Alexander, Caldwell and

Burke. Those area programs representing these counties intend to develop their own LME's and they satisfy the 200,000 population.

Given a lack of information on funding strategies for LME's, and an absence of a clear vision at the State level as of February 3, 2003, about what and how LME's are to do, the most prudent position at this point is to function as an independent LME until external factors are more clear. Pursuit of any potential merger would also require strong leadership in both area programs to accomplish such. Presently, the Foothills Area Board is recruiting an Area Director, and until that person is found and settled in, a serious set of merger discussions might be difficult. It is expected that there will be future discussions of consolidations, once all factors are known.

### **Executive Summary For Catawba County Mental Health Services Local Business Plan**

Based on legislation passed in October 2001 marking the initiation of MH Reform, DHHS Secretary Odom published a plan for statewide change, with the latest version circulated July 2002 entitled *Blueprint for Change*. This plan outlined the vision of MH reform by prioritizing increased consumer involvement, prevention, services that reflect best practices and are outcome oriented, community integration, and targeting populations with the greatest need to receive publicly funded MH/DD/SA services. Mental Health Services of Catawba County (MHSCC) has begun the development of a local business plan which details how reform efforts will be enacted in Catawba County. Elements of the strategic planning process have involved local governmental representatives, consumers, Area Board and staff, and community stakeholders as citizens and potential providers. By reform design, the local business plan is to be the document which will chronicle each phase of change as the Area Program transitions from a provider of MH/DD/SA services, to the manager of public funds routed to community service providers. This new role will be as a Local Managing Entity (LME). The planning process requires clear analysis of current roles, current clientele and their needs, and clear efforts at moving toward enhanced community provision of services with local oversight and management. These efforts are to be comprehensively achieved by January 2007.

Currently MHSCC provides centralized MH/DD/SA services including outpatient, residential, case management, psychosocial rehabilitation (Connections), adult developmental vocational program (LifeSkills) and day programming for children in grades K-6 (ACT). MHSCC also contracts for inpatient, specialized residential services for children and adults, vocational services, geriatric day services and various person-to-person periodic services. Services currently are provided to MH/DD/SA clients at all functioning levels and ages. By a recent review, 80-85% of current clientele meet eligibility criteria for "target populations" as identified by the state for receiving publicly funded services. Those individuals falling out of the target population categories (roughly 15-20%) will be transitioned and/or referred to appropriate community supports/resources for services. As our current service role is decreased, the management role will emphasize minimal disruption to clients and client care, the establishment of a complete and accessible qualified provider network, and oversight of services provided with continued assessment of service needs/gaps. The provider network will include private practitioners, non-profit organizations, public agencies and faith-based organizations. Core services of screening, assessment, referral, emergency services, care coordination, service coordination, consultation, education, prevention and case management will be retained with the LME. Though divestiture of services is a condition of MH reform, no services currently provided by the area program will be discontinued if there are no qualified providers to assume that role adequately. MHSCC will request the required service provision waivers from the Secretary of DHHS to assure services are not disrupted until providers in the network are operational.

In September 2002, the Catawba County Board of Commissioners submitted a letter of intent to the Division stating that MHSCC would remain a single county area authority (governed by Area Board) with plans to implement reform efforts in Phase II beginning in January 2004. Reasons cited for the decisions are outlined in a letter from the county commissioners to Secretary Odom. Under this structure MHSCC will be able to maximize and build upon community links and history, plan in a responsible fashion for citizens served, and use all available resources such as county supports at multiple levels (political, personnel, financial,

facility investment, technology, etc.) The approach to Mental Health Reform will keep consumer and community involvement as a priority, allowing visibility and attention to all needs expressed.

At the update of this Executive Summary in February 2003, it was determined by the Area Board and County Commissioners that the implementation phase be modified from Phase II to Phase III beginning July 2004.

The complete Local Business Plan is to be submitted on April 1, 2003, and includes ten sections. These sections – Planning; Governance, Administration and Management; Qualified Provider Network; Service Management; Access to Care; Service Monitoring and Oversight; Evaluation; Financial Management and Accountability; Information Systems and Data Management; and Collaboration – are summarized below. The Consumer and Family Advisory Committee's (CFAC) role in the development of the local business plan includes submission of a separate report detailing their concurrence and/or concerns as well as their involvement in the planning process. Quarterly updates documenting progress in planning will be submitted, with detailed plan completion for initial LME certification scoring by 04/01/04. By application as a Phase III program, the plan will be scored and results determined by 05/01/04. The initial LME certification is valid for three years with full LME certification to be achieved by January 2007.

### **Planning Section**

"The local management entity (LME) is an integral part of a broader community human services network. Each LME must develop methods of collaborative planning to address the needs of the broader community as well as those of individuals both in and out of the target populations. Planning is an essential component of the mental health, developmental disability and substance abuse (MH/DD/SA) service system reform effort. Initially, planning at the local level will encompass a wide array of activities that are necessary in the transition from the old to the new. Local business plans (LBP's) must incorporate the mission and principles of the State Plan in both its process and outcome."

*State Plan 2002: Blueprint for Change*

This section centered around revision of the mission statement, values, and working principles which will define MHSCC in an LME role. Emphasis is placed on increased consumer involvement, and effective oversight of a provider network capable of consistent, outcome-oriented services. A strength/weakness survey revealed that the Latino/Hispanic and Asian populations in the community receive MH/DD/SA services at a comparatively minimal rate, as do citizens aged 55 and older - therefore, planning efforts will prioritize these areas for improved service outreach and availability. A local Consumer and Family Advisory Committee (CFAC) was established to maximize and assure the opportunity for meaningful consumer involvement at all levels. A three-year strategic plan outlines transition phases and timelines for achievement both in developing components of the LME role and creating the provider network.

### **Governance, Management And Administration**

"The LME will adhere to one of the forms of governance as described in the reform statute through which each LME is required to establish an organizational framework that provides for public policy management and administrative accountability. The reform statute sets parameters and targets for the number and demographic characteristics of the local system, and the prospective LME must satisfy these numeric and demographic benchmarks as a prerequisite for approval of its LBP. In addition, the State Plan's mission and principles guide the building of local organizations."

*State Plan 2002: Blueprint for Change*

This section addressed Catawba County's intention to function as a single county Area Authority governed by an Area Board. Despite not having a population of 200,000 within the county (as legislatively targeted for LME approval), both the current Area Board and County Commissioners believe strongly in maintaining current community identity and strengths in

single-county status. However, on-going exploration of joint services or consolidated efforts with neighboring area programs will continue as we consistently seek efficient management of all resources available to meet consumer needs. Also included in this section is the proposed LME organizational structure and an outline for stakeholder involvement in administrative and management functions.

### **Qualified Provider Network Development**

“Recruitment, development and maintenance of a formal provider network by the LME will ensure that there are available and qualified providers to deliver services based on a local needs assessment. Provider network development will address access, availability, service array, consumer choice, fair competition and cultural competence.

In addition to the formal network of paid services and supports, LME management and the provider network are responsible for identifying all generic services and supports in their respective communities (i.e. faith-based groups, coaches, self-help groups, sponsors, mentors, etc.) The active involvement of consumers and families by the LME in the discovery and development of these resources will lead to a more comprehensive, friendly and equitable system of services and supports. The role of the LME becomes one of supporting individuals with disabilities in attaining meaningful relationships with other members of the community and fostering reliance on more natural, non-paid supports and resources.”

#### *State Plan 2002: Blueprint for Change*

This section centered around surveying current community providers for information regarding capacity, service components, populations served, and interest in serving MH/DD/SA clients historically supported by the Area Program. Based on that information, details have begun to emerge for the specifications prioritized in recruitment, contracting, establishing performance criteria to assure quality care, and developing on-going management systems to keep service providers responsive to community needs as they grow and change. The LME is charged with creating a qualified provider network that meets a 30-minute/mile standard for accessibility by consumers ensuring consumer choice options.

Because MHSCC is willingly expecting to provide services in the interim before external providers are operational, a specific appendix entitled: *County/Area Program as LME and Direct Service Provider* was completed, addressing a divestiture plan (see attached) and any barriers to that process. Waivers were also submitted for Secretary Odom's approval, requesting the continuation of service provision by the Area Program until divestiture and community provider network are complete. CFAC has supported this waiver request.

### **Service Management**

“The LME must manage all services, supports and treatment....to sustain and accommodate individuals in the community.”

#### *State Plan 2002: Blueprint for Change*

This section outlined the plan for LME oversight of core services for the community (e.g., screening, assessment, emergency services, etc.), as well as authorization and management of services directed to target populations. The LME is to assure that best practices are followed and ensure available services to accommodate all levels of need for each disability area. In addition community resources are to be strengthened and expanded as extra supports for those not meeting target population eligibility. Policies and procedures address consumer choice, grievance procedures, capacity issues and service delivery standards.

### **Access To Care**

“Access to services must be ensured to all individuals who are Medicaid eligible and/or meet target population definitions as identified in the State Plan. Prompt access is necessary to maximize opportunities to address a crisis and to initiate treatment when it is needed; services must be

available within a reasonable distance of an individual's residence.  
Access systems must accommodate the needs of all persons."

*State Plan 2002: Blueprint for Change*

This section identified how our current centralized Access system will be dispersed to multiple entry points in the community, allowing more ready availability across the county. Issues around timely and accurate assessment/referral are addressed, along with the development of specialized supports to accommodate persons with communication and mobility limitations (e.g., limited English proficiency, illiteracy, transportation and cultural considerations, etc.). Priority is placed on greater community awareness and access to MH/DD/SA services. Tracking mechanisms are also in place to capture referral data for both target and non-target populations; this data will be incorporated in on-going planning efforts.

### **Service Monitoring And Oversight: Quality Management**

"The LME must ensure that services provided to consumers and families meet federal and state regulations and outcome standards, and ensure quality performance by qualified providers in the network. In order to be effective the quality management system must integrate and analyze information from multiple sources and functions within the organization such as customer services, access, consumer advisory groups and programs as well as external sources."

*State Plan 2002: Blueprint for Change*

This section identified all components that will be monitored by the LME in assuring optimal service provision, including but not limited to the following: risk management and health and safety issues, use of restrictive interventions, staff privileging/credentialing, outcome data, client rights, and utilization of best practices in treatment. This section also targets all management information systems (MIS) in place and/or needed for detailed tracking of performance indicators and data analysis to be addressed in continual quality improvement planning.

### **Evaluation**

"Self-evaluation is based on statewide outcome standards and participation in independent evaluation studies."

*State Plan 2002: Blueprint for Change*

This section identified the need to maintain national COA (Council on Accreditation) certification through 2005, as well as exploring other accrediting bodies that are more tailored to administrative rather than service-provision roles. A continuous quality improvement plan is in place and will be regularly reviewed and updated. Mechanisms for evaluating the service provider network will be detailed and standardized to allow accurate comparisons and "report cards" for community and consumer review.

### **Financial Management And Accountability**

"The LME must function efficiently and effectively, do cost-sharing and manage system resources. The LME must complete financial stability checklist requirements, standardized reports and other reports and data submissions as required by legislative, federal and state mandates."

*State Plan 2002: Blueprint for Change*

This section mandated the development of a financial management plan that assures proper understanding and compliance with all state and federal fiscal requirements for both the LME and qualified providers in the local network. The financial management plan currently employed by MHSCC meets all requirements so this information was simply documented. There is provision for an adequate audit trail and an accounting of all real assets of the LME.

### **Information Systems And Data Management**



"The LME must have the capacity to manage all information systems and data in compliance with state and federal guidelines."

*State Plan 2002: Blueprint for Change*

This section addressed reporting and billing compliance via computer technology capacity, along with the maintenance of state technology standards. All security procedures are structured to protect and safeguard electronic data (e.g., medical records, demographic information, etc.), financial assets and other material resources.

### **Collaboration**

"Local management entities are expected to cultivate partnerships among community agencies. Partnerships are necessary to forge linkages for care coordination and to develop cooperative solutions to complex community problems. Community direction, participation and voice are accentuated and public interest considerations are explicitly promoted through community coordination and collaboration.

The collaborative efforts by the LME with local and regional communities to support the prevention and outreach activities of MH/DD/SA are documented at both a system and client-specific level. The LME must show that it is collaborating with other state and local public and private service systems to ensure access and coordination of services at the local level."

*State Plan 2002: Blueprint for Change*

This section identified the strong collaborative efforts already in place within Catawba County. In addition, these efforts will be broadened and creatively pursued to maximize all community resources. The Consumer and Family Advisory Committee will play an integral part in the development of partnerships in the community through the identification and strengthened role of natural supports.

### **Resolution No. 2003-05 Mental Health Reform**

WHEREAS, Mental Health Services of Catawba County wishes to ensure client stability throughout Mental Health Reform, and

WHEREAS, there is a lack of State produced information necessary to do clear, adequate, and comprehensive planning for the Local Business Plan, and

WHEREAS, the State has given Area Authorities and Counties the option to select the implementation date of its Local Business Plan, and

WHEREAS, this transition of public mental health, developmental disability, and substance abuse services to a more privately delivered model will require maximum information before such can take place smoothly.

NOW, THEREFORE, BE IT RESOLVED that the Catawba County Board of Commissioners seek to modify the implementation phase of LME Certification from the Phase II schedule of January 2004, to that of Phase III, beginning in July 2004. This decision was approved by Board action on March 17, 2003.

This 17th day of March, 2003.

/s/ Katherine W. Barnes, Chair  
Catawba County Board of Commissioners

Attest:

/s/ Thelda B. Rhoney, County Clerk

After a brief discussion, Commissioner Lail made a motion to endorsement the Local Business Plan and Phase III implementation and adopt the aforementioned resolution. The motion carried unanimously.

c. Emergency Services Department:

1. Update on Mapping 911 calls from Cell Phones and general update on 911 center activities.

Assistant County Manager Mick W. Berry gave the following PowerPoint presentation:

Locating 911 calls from mobile phones

Radio system status

Why?

The ability to graphically view a generalized area of where the cellular caller is located, so that emergency personnel can get to the caller.

How?

-A cellular caller dials 911.

-The call is answered in 911 Communications.

-If the cellular phone is capable, a triangulation of data (X & Y coordinates) is sent from the cellular company equipment to our 911 telephone system.

The changes we have made

The 911 Telephone system sends the X & Y information to the PowerMap system.

How is this possible?

-By Utilizing GIS data

-Structures

-Zones

Parcels

The legislation behind it

*-Dates of Compliance:* By May 31, 2003, Cellular companies should have all 911 Center's active that have made the request.

Catawba County went live on February 5, 2003, 10:00 a.m.

All cellular companies are required to have at least 95% of their customers using the GPS enabled cellular phones by December 31<sup>st</sup>, 2005.

-How close can they get?

50 meters, 67% accuracy

The progress of the cellular companies

-Each Cellular Company has been given different distance specifications by the FCC and different deadline dates for these specifications.

-Status of companies in Catawba County:

The funding for it

-\$ .80 surcharge on each cellular phone

-The state levies, collects, and keeps a 1% administrative fee.

-60% of remaining funds reimburse Cellular companies.

-40% of remaining funds distributed to 911 centers via a formula which includes population.

-Catawba County has spent \$81,000 for technology to track cell phone calls, and \$27,000 per year for the Bell South Service.

Summary

-Catawba County is completely Phase II ready.

-Currently awaiting cellular companies to complete the testing on their equipment.

An aging radio system

-System used by all emergency services departments (cities, county, volunteers) except Hickory PD

-Coverage

-FCC Compliance

-Age of equipment

-Data, handling more volume, talking with others.

FCC Changing Requirements

-Getting more channels by giving less space

-Public safety agencies have until 2018 to comply but....

- Existing equipment will not last that long
- Catawba County's 800 MHz license expire 12.31.0
- Maximizing benefits of a change
- Ability to transmit data to vehicles
- Flexibility in creating multiple channels (talk groups)
- "trunking" manages the radio traffic automatically
- Radio access to phone line
- Other system upgrade issues
- Interplay with NC Highway Patrol initiative
- Migration from existing to new frequencies (800 MHz)
- Cost
- Funding?
- Summary
- FCC and age of technology require change/ upgrade of radio system-800 MHz should be part of the solution
- Transition path and funding strategies still being analyzed

8. Attorneys' Report:

- a. Catawba County Historical Association to present History Books.

Catawba County Historical Association President Brenda Cline assisted by Vice President Robert Oren Eades presented Members of the Board with autographed copies of *The Catawbans: Pioneers in Progress*, the second volume of a history of Catawba County by Dr. Gary R. Freeze, Associate Professor of History at Catawba College in Salisbury.

9. Manager's Report. None.

10. Other items of business.

- a. Catawba County Economic Development Corporation President Scott Millar reviewed the 2003 Tier Designations from the NC Department of Commerce and said Catawba County remained a Tier 5 County.

Catawba County Economic Development Corporation President Scott Millar reviewed the 2003 Tier Designations from the NC Department of Commerce and said Catawba County remained a Tier 5 County. He said he was in disagreement with their analysis. A mathematical formula is use to determine the tier rankings for the William S. Lee credits and new job development and investment grant credit.

Mr. Millar said he was dismayed that Catawba County's tier was not lowered because several surrounding counties were lowered. With the County's unemployment rate, the only hope for the short-term is to continue as they have been. Mr. Millar said that Chair Barnes and the Commissioners have had discussions with Legislature and the Commerce Department about the implementation of an emergency status for counties that have significant deterioration in employment rate. Mr. Miller said he would provide Mr. Lundy with the exact criteria they are using for the formula.

Chair Barnes said it was important to go to Legislators and put numbers and hard data with percentages. There are in excess of 7,000 unemployed in Catawba County today. She said some counties with an unemployment rate of 10 - 15 percent would include only 300 - 400 people.

11. Adjournment.

At 9:30 p.m. there being no further business to come before the Board, Commissioner Beatty made a motion to adjourn. The motion carried unanimously.

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Katherine W. Barnes, Chair  
Catawba County Board of Commissioners

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Thelda B. Rhoney  
County Clerk